|   |                                 |   |                         | and the second case and the second second |   |
|---|---------------------------------|---|-------------------------|---|---|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |                                 | Complete if Known                                   |                         |   |   |
| FEE TRANSMITTAL   |                                 | Application Number                                  | 10/614,079              |   |   |
|   |                                 | Filing Date   | 7/8/2003                |   |   |
| For FY 2009   |                                 | First Named Inventor                                | Mr. Kirk D. Swenson     |   |   |
| Applicant claims small entity status. See 37 CFR 1.27   |                                 | Examiner Name Eliza A. Squires                      |                         |   |   |
|   |                                 | Art Unit 4156                                       |                         |   |   |
| TOTAL AMOUNT OF PAYMENT (\$) 1,214.00   |                                 | Attorney Docket 3896 - 083335                       |                         |   |   |
| METHOD OF PAYMENT (check all that apply)  |                                 |   |                         |   |   |
| Check Credit Card Money Order None Other (please identify):   |                                 |   |                         |   |   |
| Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:   |                                 |   |                         |   |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                                 |   |                         |   |   |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |                                 |   |                         |   |   |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |                                 |   |                         |   |   |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |                                 |   |                         |   |   |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  |                                 |   |                         |   |   |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |                                 |   |                         |   |   |
| FILING FEES SEARCH FEES EXAMINATION FEES  |                                 |   |                         |   |   |
| Small En  Application Type   Fee (\$)   Fee (\$   |                                 | <u>ll Entity                                   </u> | mall Entity<br>Fee (\$) | Fees P                                    | aid (\$)                                |
| Utility 330 82.   | 540                             | 270 220   | 110                     | 2 000 1                                   | <u></u>                                 |
| Design 220 110  | 100                             | 50 140  | 70                      |   |   |
| Plant 220 110   | 330                             | 165 170   | 85                      |   |   |
| Reissue 330 165   | 540                             | 270 650   | 325                     |   |   |
| Provisional 220 110   | 0                               | 0 0   | 0                       | ***************************************   |   |
| 2. EXCESS CLAIM FEES  Small Entity  |                                 |   |                         |   |   |
| Fee Description Fee (\$)  |                                 |   |                         |   | Fee (\$)                                |
| Each claim over 20 (including Reissues) 52  |                                 |   |                         |   | 26                                      |
| Each independent claim over 3 (including Reissues)  |                                 |   |                         |   | 110                                     |
| Multiple dependent claims   |                                 |   | 390                     | 195                                       |   |
|   | a Claims Fee (                  |   |                         | Multiple De                               | ependent Claims                         |
| <u>29</u> - <u>27</u> =   | 2 x 52                          | = 104   |                         | Fee (\$)                                  | Fee Paid (\$)                           |
| HP = highest number of total claims paid for, if g  | reater than 20.                 |   |                         |   | *************************************** |
| Indep. Claims - 3 or HP Extr  | <u>a Claims</u> <u>Fee</u><br>x | ( <u>\$</u> ) <u>Fee Paid (<u>\$</u>) =</u>         |                         |   |   |
| HP = highest number of independent claims paid  |                                 |   |                         |   |   |
| 3. APPLICATION SIZE FEE   |                                 |   |                         |   |   |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. |                                 |   |                         |   |   |
| See 35 U.S.C. $41(a)(1)(G)$ and 37 CFR 1.16(s).   |                                 |   |                         |   |   |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)   |                                 |   |                         |   |   |
| 100 = / 50 = (round up to a whole number) x =   |                                 |   |                         |   |   |
| 4. OTHER FEE(S)  Fees Paid (S)  |                                 |   |                         |   |   |
| Non-English Specification, \$130 fee (no small entity discount)   |                                 |   |                         |   |   |
| Other (e.g., late filing surcharge): Petition for Extension \$1,110   |                                 |   |                         |   |   |
| SUBMITTED BY  |                                 |   |                         |   |   |
| Signature   | 25 Pm -                         | Registration No.                                    | 55,502 Telep            | phone 41                                  | 2-471-8815                              |
| Name (Print/Type) Lara A. Northrop (Attorney/Agent) 55,502 Telephone 412-471-8815  Date January 12, 2009  |                                 |   |                         |   |   |